

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

25 Massachusetts Ave, NW

Suite 600

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00000422

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kevin Walker

Signature of Treasurer

Kevin Walker

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

### FEC FORM 3X

Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y Y 01 / 31 / 2014

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014     |                         | 1105120.38                        |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 1105120.38              |                                   |
| (c) Total Receipts (from Line 19) .....  | 211919.14               | 211919.14                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 1317039.52              | 1317039.52                        |
| 7. Total Disbursements (from Line 31) .....  | 1373.78                 | 1373.78                           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 1315665.74              | 1315665.74                        |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
01 01 2014

To:

M M / D D / Y Y Y Y Y  
01 31 2014

**I. Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

85956.59

85956.59

(ii) Unitemized .....

124449.51

124449.51

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

210406.10

210406.10

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

210406.10

210406.10

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

1513.04

1513.04

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

211919.14

211919.14

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

211919.14

211919.14

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00                          | 0.00                              |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 1373.78                       | 1373.78                           |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 1373.78                       | 1373.78                           |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1373.78                       | 1373.78                           |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 210406.10                     | 210406.10                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 210406.10                     | 210406.10                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 0.00                          | 0.00                              |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 50

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Shalin E Arnett DO**

Mailing Address 2926 E Shetland Dr

City

Vincennes

State

IN

Zip Code

47591-1980

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 03 / 2014

Transaction ID : 57332309

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Newell E. Warde PhD**

Mailing Address 330 Stillwater Rd.

City

Smithfield

State

RI

Zip Code

02917-1830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RHODE ISLAND MEDICAL SOCIETY

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 03 / 2014

Transaction ID : 57332336

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mr. Richard A. Deem**

Mailing Address 1025 N. Daniel St.

City

Arlington

State

VA

Zip Code

22201-2837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

01 / 03 / 2014

Transaction ID : 57332339

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 7 OF 50

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John Patrick Gallagher MD**

Mailing Address 197 Silver Street

City

Sharon

State

PA

Zip Code

16146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE PRIMARY HEALTH NETWORK

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 13 / 2014

Transaction ID : 57708907

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Larry Kennedy Broadwell MD**

Mailing Address 820 Jordan St  
Ste 201

City

Shreveport

State

LA

Zip Code

71101-4518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 13 / 2014

Transaction ID : 57709924

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. John William Poole MD**

Mailing Address 240 Sunset Ave

City

Ridgewood

State

NJ

Zip Code

07450-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTH JERSEY SURGICAL SPEC.

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

01 / 10 / 2014

Transaction ID : 57711587

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 50  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Liam Eamonn Boyle MD**

Mailing Address 25 Monument Rd Ste 294

City State Zip Code  
 York PA 17403-5049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CANCER CARE ASSOCIATES OF YORK

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 10 / 2014

Transaction ID : 57711741

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mark F Deatherage MD**

Mailing Address 1600 NW 6th St

City State Zip Code  
 Grants Pass OR 97526-1094

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GRANTS PASS SURGICAL ASSOCIATES

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2014

Transaction ID : 57711744

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Deirdre J Mattina MD**

Mailing Address 619 Maxwell Ave

City State Zip Code  
 Royal Oak MI 48067-1652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation  
 Resident Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2014

Transaction ID : 57711750

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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PAGE 9 OF 50

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Douglas Alan Helm MD**

Mailing Address 2210 E Illinois Ave Ste 308

City State Zip Code  
 Fresno CA 93701-2184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 PERINATAL ASSOCIATES

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 14 / 2014

Transaction ID : 57725784

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Shannon M Kilgore MD**

Mailing Address 3801 Miranda Ave # 127  
 Dept Neurlogy Vapahcs

City State Zip Code  
 Palo Alto CA 94304-1207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 VA PALO ALTO HCS

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 14 / 2014

Transaction ID : 57725789

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Steven Joseph Stack MD**

Mailing Address 2083 Bridgeport Dr

City State Zip Code  
 Lexington KY 40502-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SELF-EMPLOYED

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 16 / 2014

Transaction ID : 57729411

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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PAGE 10 OF 50

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Peter James Curran MD**

Mailing Address 7104 River Rd

City

Bethesda

State

MD

Zip Code

20817-4770

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BREALL & ASSOCIATES

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 17 / 2014

Transaction ID : 57886911

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Jack Selwyn Resneck MD**

Mailing Address 312 H St

City

San Rafael

State

CA

Zip Code

94901-1729

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UCSF MEDICAL CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 23 / 2014

Transaction ID : 57887713

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Peter John Jenkin MD**

Mailing Address 1730 Minor Ave  
Ste 1000

City

Seattle

State

WA

Zip Code

98101-1464

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 24 / 2014

Transaction ID : 57900098

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

|  |  |  |   |  |
|--|--|--|---|--|
| <p>Full Name (Last, First, Middle Initial)<br/> <b>A. Nestor A Ramirez-Lopez MD</b></p> <p>Mailing Address 1319 Grandview Dr</p> <p>City Champaign State IL Zip Code 61820-6824</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer NORTHSIDE NEONATAL &amp; INFANT CARE Occupation Physician</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> 208.33</p>  |  |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 01 / 25 / 2014<br/> <b>Transaction ID : 57900099</b></p> <p>Amount of Each Receipt this Period<br/> 208.33</p> |  |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>B. William Lee Hamilton MD</b></p> <p>Mailing Address 5171 S Cottonwood St Ste 750</p> <p>City Salt Lake Cty State UT Zip Code 84107-5705</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer INTERMOUNTAIN HEALTHCARE Occupation Physician</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> 208.33</p> |  |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 01 / 25 / 2014<br/> <b>Transaction ID : 57900100</b></p> <p>Amount of Each Receipt this Period<br/> 208.33</p> |  |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>C. Nancy Louise Mueller MD</b></p> <p>Mailing Address 610 E Palisade Ave</p> <p>City Englewood State NJ Zip Code 07632-1801</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer SELF-EMPLOYED Occupation Neurologist</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> 208.33</p>                        |  |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 01 / 25 / 2014<br/> <b>Transaction ID : 57900101</b></p> <p>Amount of Each Receipt this Period<br/> 208.33</p> |  |
| <p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>   |  |  | 624.99  |  |
| <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>   |  |  |   |  |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mr. Kenneth D. Lancin**

Mailing Address 610 East Palisade Avenue

City

Englewood Cliffs

State

NJ

Zip Code

07632-1801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Management Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

01 / 25 / 2014

Transaction ID : 57900102

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**B. Lisa Bohman Egbert MD**

Mailing Address 5335 Far Hills Ave  
Ste 112

City

Dayton

State

OH

Zip Code

45429-2317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PARAGON WOMEN'S CARE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

01 / 25 / 2014

Transaction ID : 57900103

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C. Michael E Migliori MD**

Mailing Address 120 Dudley St  
Ste 301

City

Providence

State

RI

Zip Code

02905-2429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

01 / 25 / 2014

Transaction ID : 57900104

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

624.99

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mr. Kevin Walker**

Mailing Address 10635 Canterbury Rd.

City State Zip Code  
 Fairfax Station VA 22039-1927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AMERICAN MEDICAL ASSOCIATION

Occupation  
 AMA Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 25 / 2014

**Transaction ID : 57900105**

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**B. Janice Tildon-Burton MD**

Mailing Address 2600 Glasgow Ave  
 Ste 207

City State Zip Code  
 Newark DE 19702-5704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SELF-EMPLOYED

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 25 / 2014

**Transaction ID : 57900106**

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C. Srinivas B Mukkamala MD**

Mailing Address 1170 Charter Dr  
 Ste F

City State Zip Code  
 Flint MI 48532-3587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SELF-EMPLOYED

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 25 / 2014

**Transaction ID : 57900107**

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

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624.99

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert Puchalski MD**

Mailing Address PO Box 520

City

Lugoff

State

SC

Zip Code

29078-0520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTH CAROLINA ENT

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 25 / 2014

**Transaction ID : 57900108**

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

**B. Seth Yawki Flagg MD**

Mailing Address 9129 Bradford Rd

City

Silver Spring

State

MD

Zip Code

20901-4917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US NAVY

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.33

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 25 / 2014

**Transaction ID : 57900109**

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C. Russell C. Libby MD FAAP**

Mailing Address 1347 Lancia Dr

City

Mc Lean

State

VA

Zip Code

22102-2203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VIRGINIA PEDIATRIC GROUP LTD

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.33

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 25 / 2014

**Transaction ID : 57900110**

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

833.32

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Maryanne C Bombaugh MD**

Mailing Address 81 Clowes Dr

City  
Falmouth

State  
MA

Zip Code  
02540-2333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

01 / 25 / 2014

Transaction ID : 57900111

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**B. Jesse Menachem Ehrenfeld MD**

Mailing Address 900 20th Ave S  
Apt 1611

City

Nashville

State

TN

Zip Code

37212-2250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MASS GENERAL HOSPITAL

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

01 / 25 / 2014

Transaction ID : 57900112

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C. Luis S Alonzo MD**

Mailing Address 108 Dakota Dr

City

Hutchinson

State

KS

Zip Code

67502-4470

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HORIZONS MENTAL HEALTH CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

01 / 25 / 2014

Transaction ID : 57900113

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

624.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Daniel Eugene Maddox MD**

Mailing Address 200 1st St SW

City  
Rochester

State  
MN

Zip Code  
55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MAYO FOUNDATION

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 25 / 2014

Transaction ID : 57900114

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**B. Dev Appannagari Gnanadev MD**

Mailing Address PO Box 670

City  
Redlands

State  
CA

Zip Code  
92373-0221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARROWHEAD COMMUNITY SURGICAL

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 25 / 2014

Transaction ID : 57900116

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C. Joseph T Inglefield MD**

Mailing Address 220 18th Street Cir SE

City  
Hickory

State  
NC

Zip Code  
28602-1361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 25 / 2014

Transaction ID : 57900117

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

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624.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Marvin H Rorick MD**

Mailing Address 111 Wellington Pl

City

Cincinnati

State

OH

Zip Code

45219-1758

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RIVER HILLS HEALTH CARE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

01 / 25 / 2014

Transaction ID : 57900118

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**B. Jan Marie Kief MD**

Mailing Address 9501 Sand Hill Ct

City

Highlands Ranch

State

CO

Zip Code

80126-5266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

01 / 25 / 2014

Transaction ID : 57900119

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C. Alethia Ellen Morgan MD**

Mailing Address PO Box 17540

Risk Management

City

Denver

State

CO

Zip Code

80217-0540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COPIC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

01 / 25 / 2014

Transaction ID : 57900120

Amount of Each Receipt this Period

208.33

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**TOTAL** This Period (last page this line number only)..... ►

624.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. William Eric Kobler MD**

Mailing Address 6729 Millbrook Dr

City

Rockford

State

IL

Zip Code

61108-4310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OSF MEDICAL GROUP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 26 / 2014

**Transaction ID : 57900811**

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**B. Mark W Sykes MD**

Mailing Address 298 Spring St

City

Shrewsbury

State

MA

Zip Code

01545-5032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 24 / 2014

**Transaction ID : 57900958**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Michael Joseph Thoene MD**

Mailing Address 514 S Magnolia Ave

Est County Derm Med Grp

City

El Cajon

State

CA

Zip Code

92020-6000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 24 / 2014

**Transaction ID : 57901336**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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808.33

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. James L Cavanaugh MD**

Mailing Address 1210 Spruce St

City  
Winnetka

State Zip Code  
IL 60093-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

Transaction ID : 57901337

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Gregory Michael Shipkey MD**

Mailing Address 3212 Callaway Dr

City  
Midland

State Zip Code  
TX 79707-5038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

Transaction ID : 57901338

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ronald Ross Townsend MD**

Mailing Address 5450 S Autumn Ct

City  
Greenwood Vlg

State Zip Code  
CO 80111-3417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

Transaction ID : 57901339

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jesse Ellis Templeton MD**

Mailing Address 2906 Nottingham Dr

City State Zip Code  
 Parma OH 44134-5523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Resident Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 24 / 2014

Transaction ID : 57901340

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. William Dana Reed MD**

Mailing Address 8515 Costa Verde Blvd  
 Unit 857

City State Zip Code  
 San Diego CA 92122-6675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 24 / 2014

Transaction ID : 57901341

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Veeramachaneni Prabhakar MD**

Mailing Address 9 Penny Pond Ct

City State Zip Code  
 Greenvale NY 11548-1400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BROOKLYN KINGS HIGHWAY ANESTHESIOLOGIST

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 24 / 2014

Transaction ID : 57901342

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Carl A Minning MD**

Mailing Address 2935 Maple Ave

City State Zip Code  
Zanesville OH 43701-1487

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

Transaction ID : 57901344

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Robert Lane Sourk MD**

Mailing Address 2101 N Waldron St

City State Zip Code  
Hutchinson KS 67502-1131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HUTCHINSON CLINIC PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

Transaction ID : 57901345

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Bill H Harris MD**

Mailing Address 107 Primrose Ln

City State Zip Code  
Pikeville KY 41501-3986

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

Transaction ID : 57901346

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Gina Rae Busch MD**

Mailing Address 9 Courtney Dr

Sedgely Office Park

City

Charleston

State

WV

Zip Code

25304-2699

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

Transaction ID : 57901347

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **B. Seyed Hossain Aleali MD**

Mailing Address 4699 Main St

City

Bridgeport

State

CT

Zip Code

06606-1830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDICAL SPECIALISTS OF FAIRFIELD

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

Transaction ID : 57901348

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Richard Robert Bartkowski MD**

Mailing Address 408 Rogers Ln

City

Wallingford

State

PA

Zip Code

19086-6029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JEFFERSON HEALTH SYSTEM

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

Transaction ID : 57901349

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1365.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Joel Gary Greenspan MD**

Mailing Address 6 Oak Ridge Ct

City

Armonk

State

NY

Zip Code

10504-2629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OUTPATIENT MANAGEMENT SERVICES INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 24 / 2014

Transaction ID : 57901350

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Robert Alan Pensler MD**

Mailing Address 31160 Hunters Dr  
Lower Level

City

Farmington Hills

State

MI

Zip Code

48334-1214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 24 / 2014

Transaction ID : 57901351

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Samuel Dale Yakish MD**

Mailing Address 1030 Beaner Hollow Rd  
FI 1

City

Beaver

State

PA

Zip Code

15009-9723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASSOCIATION OF SPECIALTY PHYSICIANS I

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 24 / 2014

Transaction ID : 57901352

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 24 OF 50  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert Matalon MD**

Mailing Address 1075 E 7th St

City State Zip Code  
 Brooklyn NY 11230-3501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 24 / 2014

**Transaction ID : 57901353**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Tracey Ellen Doering MD**

Mailing Address 614 Estes Rd

City State Zip Code  
 Nashville TN 37215-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF TENNESSEE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 24 / 2014

**Transaction ID : 57901354**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Boyce Griffith Tollison MD**

Mailing Address PO Box 2927

City State Zip Code  
 Easley SC 29641-2927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDICAL CENTER PA MEDICAL CENTER EA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 24 / 2014

**Transaction ID : 57901355**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Daniel Robert Wehner MD FACEP**

Mailing Address 355 Bliss St

City

Johnstown

State

PA

Zip Code

15905-2755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EXPRESS CARE CONEMAUGH MEM HOSP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

**Transaction ID : 57901356**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Aimee Sungun Park MD**

Mailing Address 3817 Bush Creek Dr

City

Frederick

State

MD

Zip Code

21704-7825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDIOLOGY ASSOCIATES OF  
LEXINGTON PSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

**Transaction ID : 57901357**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Michael H Brisman MD**

Mailing Address 6 Pinetree Ln

City

Old Westbury

State

NY

Zip Code

11568-1118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEUROLOGICAL SURGERY PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

**Transaction ID : 57901358**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Wieslawa K Kaczanowska MD**

Mailing Address 728 Lombard St

City

Philadelphia

State

PA

Zip Code

19147-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 24 / 2014

Transaction ID : 57901359

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Roxanne Tyroch MD**

Mailing Address 201 Cactus Pointe Ct

City

El Paso

State

TX

Zip Code

79912-6303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

R E THOMASON GEN H/TX TECH U HS

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 24 / 2014

Transaction ID : 57901360

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mitchell James Giangobbe MD**

Mailing Address 13629 W Camino Del Sol  
Ste 180

City

Sun City West

State

AZ

Zip Code

85375-1401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 24 / 2014

Transaction ID : 57901361

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John Clifford German MD**

Mailing Address 17762 Mountain View Cir

City State Zip Code  
 Villa Park CA 92861-2624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 PEDIATRIC SURGICAL SPECIALISTS

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 24 / 2014

**Transaction ID : 57901362**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mark Geoffrey Mainwaring MD**

Mailing Address 2045 Irby Ln

City State Zip Code  
 Murfreesboro TN 37127-6695

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 TENNESSEE ONCOLOGY PLLC

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 24 / 2014

**Transaction ID : 57901363**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Sandra Adamson Fryhofer MD**

Mailing Address 1938 Peachtree Rd NW Ste 502

City State Zip Code  
 Atlanta GA 30309-1254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SELF-EMPLOYED

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 24 / 2014

**Transaction ID : 57901364**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michael Steven Brooks MD**

Mailing Address 202 10th St SE

City

Cedar Rapids

State

IA

Zip Code

52403-2414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PHYSICIANS CLINIC OF IOWA PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

**Transaction ID : 57901365**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. David Thomas Tayloe MD**

Mailing Address 1406 E Mulberry St  
Goldsboro Pediatrics

City

Goldsboro

State

NC

Zip Code

27530-5206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GOLDSBORO PEDIATRICS PA

Occupation

Pediatrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

**Transaction ID : 57901366**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. William Arthur Van Decker MD**

Mailing Address 1051 Montgomery Ave

City

Penn Valley

State

PA

Zip Code

19072-1605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TEMPLE UNIVERSITY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

**Transaction ID : 57901367**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Andrew Peter Kant MD**

Mailing Address 17270 Red Oak Dr Ste 200

City

Houston

State

TX

Zip Code

77090-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KSF ORTHOPEDIC CENTER

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

**Transaction ID : 57901368**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Albert Zilkha MD**

Mailing Address 1 White Gate Dr

City

Glen Head

State

NY

Zip Code

11545-2745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LONG ISLAND MEDICAL IMAGING

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

**Transaction ID : 57901369**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. James Lee Madara MD**

Mailing Address 4849 S Ellis Ave

City

Chicago

State

IL

Zip Code

60615-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN MEDICAL ASSOCIATION

Occupation

AMA Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

**Transaction ID : 57901370**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jeffrey I Bennett MD**

Mailing Address PO Box 19642

901 W Jefferson St

City

Springfield

State

IL

Zip Code

62794-9642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SIU PHYSICIANS & SURGEONS INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

**Transaction ID : 57901371**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Cathleen Ann Woomert MD**

Mailing Address 81 Maple Ridge Rd

City

Millville

State

PA

Zip Code

17846-8933

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

**Transaction ID : 57901372**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Ian Leroy Musil MD**

Mailing Address 3622 N Crest Ranch Dr

City

Tucson

State

AZ

Zip Code

85719-1968

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Resident Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

**Transaction ID : 57901373**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. William B Lowry MD**

Mailing Address 816 W Cannon St

City

Fort Worth

State

TX

Zip Code

76104-3146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TEXAS HEALTH CARE PLLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 24 / 2014

Transaction ID : 57901542

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Marianne Cowley MD**

Mailing Address 3103 Breckenridge Ln  
Ste 2

City

Louisville

State

KY

Zip Code

40220-2798

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EYE SPECIALISTS OF LOUISVILLE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 24 / 2014

Transaction ID : 57901543

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Patricia A Junod**

Mailing Address 5412 Treeside Dr

City

Carmichael

State

CA

Zip Code

95608-5943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Physician Spouse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 24 / 2014

Transaction ID : 57901888

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mrs. Teresa L. Spielvogle**

Mailing Address 1106 Brookview Ct

City

State

Zip Code

Hermitage

PA

16148-4408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

N/A

Physician Spouse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

**Transaction ID : 57901889**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Rex A Amonette MD**

Mailing Address 1455 Union Ave

Memphis Dermatology

City

State

Zip Code

Memphis

TN

38104-6735

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

MEMPHIS DERMATOLOGY CLINIC PA

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : 57911423**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Debra L Bailey MD**

Mailing Address 71 Old Mill Bottom Rd N

Ste 300

City

State

Zip Code

Annapolis

MD

21409-5473

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF-EMPLOYED

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : 57911426**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Craig Nathaniel Burkhart MD**

Mailing Address 104 Teagan Ct

City

Chapel Hill

State

NC

Zip Code

27516-4372

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : 57911430**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. John Stockton Early MD**

Mailing Address 3921 Marquette St

City

Dallas

State

TX

Zip Code

75225-5432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TEXAS ORTHOPAEDIC ASSOCIATES LLP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : 57911435**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. John William Gainor MD**

Mailing Address PO Box 1200

City

Santa Barbara

State

CA

Zip Code

93102-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : 57911440**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

|   |  |   |
|---|--|---|
| <p>Full Name (Last, First, Middle Initial)<br/><b>A. William Somerville Gilmer MD</b></p> <p>Mailing Address 1200 Binz St<br/>Ste 1490</p> <p>City Houston State TX Zip Code 77004-6946</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer SELF-EMPLOYED Occupation Physician</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/>500.00</p>                 |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 01 / 27 / 2014<br/> <b>Transaction ID : 57911446</b></p> <p>Amount of Each Receipt this Period<br/>500.00</p>  |
| <p>Full Name (Last, First, Middle Initial)<br/><b>B. Nancy Waldenmaier High MD</b></p> <p>Mailing Address 1390 Lake Josephine Dr</p> <p>City Sebring State FL Zip Code 33875-6410</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer SELF-EMPLOYED Occupation Physician</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/>1000.00</p>                      |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 01 / 27 / 2014<br/> <b>Transaction ID : 57911456</b></p> <p>Amount of Each Receipt this Period<br/>1000.00</p> |
| <p>Full Name (Last, First, Middle Initial)<br/><b>C. Howard Coblentz Hines MD</b></p> <p>Mailing Address 106 Milford St Ste 301</p> <p>City Salisbury State MD Zip Code 21804-6962</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer PENINSULA DERMATOLOGY ASSOCIATES P Occupation Physician</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/>500.00</p> |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 01 / 27 / 2014<br/> <b>Transaction ID : 57911458</b></p> <p>Amount of Each Receipt this Period<br/>500.00</p>  |
| <p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>  |  | 2000.00   |
| <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>  |  |   |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michael Jerome Huether MD**

Mailing Address 5980 N La Cholla Blvd

City

Tucson

State

AZ

Zip Code

85741-3535

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MICHAEL J. HUETHER, MD, PC

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : 57911460**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Rebecca Lee Johnson MD**

Mailing Address 8824 Ridge Crest Dr NW

City

Rochester

State

MN

Zip Code

55901-3459

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : 57911465**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Larry Edward Millikan MD**

Mailing Address 2321 13th St

Tulane Dermatology

City

Meridian

State

MS

Zip Code

39301-3940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : 57911489**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. William L Nyhan MD**

Mailing Address 1825 Spindrift Dr

City

La Jolla

State

CA

Zip Code

92037-3351

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHILDRENS SPECIALIST OF SAN DIEGO INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : 57911497**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Earl Stanton Pearson MD**

Mailing Address PO Box 1408

City

Porterville

State

CA

Zip Code

93258-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : 57911503**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. David James Pillow Jr. MD**

Mailing Address 5332 Wateka Dr

City

Dallas

State

TX

Zip Code

75209-5512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : 57911506**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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2000.00

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michael Edward Pollack MD**

Mailing Address 6 Sand Hill Rd  
Ste 102

City State Zip Code  
Flemington NJ 08822-4946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HUNTERDON ORTHOPEDIC INSTITUTE

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : 57911508**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Lindsey Allison Sattler**

Mailing Address 16 Empty Saddle Rd

City State Zip Code  
Rolling Hills Estates CA 90274-4124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Medical Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : 57911523**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Richard P Sowers III MD**

Mailing Address 5000 Cox Rd Ste 100

City State Zip Code  
Glen Allen VA 23060-9263

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : 57911532**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Thomas Ash Van Meter MD**

Mailing Address 334 S Patterson Ave  
Ste 105

City State Zip Code  
Santa Barbara CA 93111-2475

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VAN METER BENZIAN HAMMOND AND MILLE

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : 57911540**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Donald Jerome Palmisano MD**

Mailing Address 5000 W Esplanade Ave  
Ste 432

City State Zip Code  
Metairie LA 70006-2551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 29 / 2014

**Transaction ID : 57919371**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Joseph Andrew Mannino MD**

Mailing Address 124 Tamarack Ln

City State Zip Code  
Trumansburg NY 14886-9769

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAYUGA MEDICAL ASSOC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 29 / 2014

**Transaction ID : 57919372**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Brooks Frederick Bock MD**

Mailing Address 1700 Lions Ridge Loop

City State Zip Code  
 Vail CO 81657-5757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 COLORADO MTN MEDICAL, PC

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 29 / 2014

**Transaction ID : 57919373**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Andrew Bayard Roberts MD**

Mailing Address 149 W Meade St

City State Zip Code  
 Philadelphia PA 19118-3809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SELF-EMPLOYED

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 29 / 2014

**Transaction ID : 57919470**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Peter Colby Amadio MD**

Mailing Address 200 1st St SW

City State Zip Code  
 Rochester MN 55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MAYO CLINIC

Occupation  
 Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 29 / 2014

**Transaction ID : 57919471**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Richard E George Jr. MD**

Mailing Address 4515 Marsha Sharp Fwy

City

Lubbock

State

TX

Zip Code

79407-2520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEUROSURGICAL ASSOCIATES

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 29 / 2014

Transaction ID : 57919472

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Thomas Thommi MD**

Mailing Address 8243 Riding Club Rd E

City

Jacksonville

State

FL

Zip Code

32256-7269

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 29 / 2014

Transaction ID : 57919473

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Mark Allen O'Rourke MD**

Mailing Address 408 McDaniel Ave

City

Greenville

State

SC

Zip Code

29601-4338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US ONCOLOGY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 29 / 2014

Transaction ID : 57919474

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Andrew William Gurman MD**

Mailing Address 1701 12th Ave Ste C2

Altoona Hand & Wrist Surg Llc

City

Altoona

State

PA

Zip Code

16601-3100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLAIR ORTHOPEDIC ASSOCIATES INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 29 / 2014

Transaction ID : 57919475

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Anne O Fleming**

Mailing Address 7736 Old Village Cove

City

Germantown

State

TN

Zip Code

38138-5900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Physician Spouse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 29 / 2014

Transaction ID : 57921677

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Kenneth Robert Blank MD**

Mailing Address 516 Mountain Ave

City

N Caldwell

State

NJ

Zip Code

07006-4572

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 30 / 2014

Transaction ID : 57946369

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Edmond Bechir Cabbabe MD**

Mailing Address 10004 Kennerly Rd  
Ste 376B

City State Zip Code  
Saint Louis MO 63128-2178

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 30 / 2014

Transaction ID : 57946371

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Linda Blanche Ford MD**

Mailing Address 3503 Samson Way Suite 108

City State Zip Code  
Bellevue NE 68123-4303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

01 / 30 / 2014

Transaction ID : 57946382

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Jordan Carel Grabel MD**

Mailing Address 1411 N Flagler Dr  
Ste 5900

City State Zip Code  
West Palm Bch FL 33401-3412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 30 / 2014

Transaction ID : 57946384

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

|  |                 |  |   |  |
|--|-----------------|--|---|--|
| <p>Full Name (Last, First, Middle Initial)<br/> <b>A. James Gorman Hinsdale MD</b></p>   |                 |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 01 / 30 / 2014<br/> <b>Transaction ID : 57946388</b></p> |  |
| <p>Mailing Address 2505 Samaritan Dr<br/> Ste 601</p>  |                 |  | <p>Amount of Each Receipt this Period<br/> 1000.00</p>  |  |
| <p>City San Jose</p>   | <p>State CA</p> | <p>Zip Code 95124-4017</p>                   |   |  |
| <p>FEC ID number of contributing federal political committee. C</p>  |                 |  |   |  |
| <p>Name of Employer<br/> SELF-EMPLOYED</p>   |                 | <p>Occupation<br/> Surgeon</p>               |   |  |
| <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> |                 | <p>Aggregate Year-to-Date ▼<br/> 1000.00</p> |   |  |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>B. Peter John Mandell MD</b></p>  |                 |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 01 / 30 / 2014<br/> <b>Transaction ID : 57946398</b></p> |  |
| <p>Mailing Address 1663 Rollins Rd</p>   |                 |  | <p>Amount of Each Receipt this Period<br/> 500.00</p>   |  |
| <p>City Burlingame</p>   | <p>State CA</p> | <p>Zip Code 94010-2301</p>                   |   |  |
| <p>FEC ID number of contributing federal political committee. C</p>  |                 |  |   |  |
| <p>Name of Employer<br/> PETER J MANDELL MD PC</p>   |                 | <p>Occupation<br/> Orthopaedic Surgeon</p>   |   |  |
| <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> |                 | <p>Aggregate Year-to-Date ▼<br/> 500.00</p>  |   |  |
| <p>Full Name (Last, First, Middle Initial)<br/> <b>C. Brent Robert Moody MD</b></p>  |                 |  | <p>Date of Receipt<br/> M M / D D / Y Y Y Y Y<br/> 01 / 30 / 2014<br/> <b>Transaction ID : 57946400</b></p> |  |
| <p>Mailing Address PO Box 159058</p>   |                 |  | <p>Amount of Each Receipt this Period<br/> 1000.00</p>  |  |
| <p>City Nashville</p>  | <p>State TN</p> | <p>Zip Code 37215-9058</p>                   |   |  |
| <p>FEC ID number of contributing federal political committee. C</p>  |                 |  |   |  |
| <p>Name of Employer<br/> VANDERBILT UNIVERSITY HOSPITAL</p>  |                 | <p>Occupation<br/> Physician</p>             |   |  |
| <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> |                 | <p>Aggregate Year-to-Date ▼<br/> 1000.00</p> |   |  |
| <p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>   |                 |  | <p>2500.00</p>  |  |
| <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>   |                 |  |   |  |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Robert Craig Prentice DO**

Mailing Address 13343 Edinburgh Dr

City

Palos Heights

State

IL

Zip Code

60463-2749

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HEART CARE CENTERS OF ILLINOIS SC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 30 / 2014

**Transaction ID : 57946408**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Stephen D Richards DO**

Mailing Address 404 E Kennedy St  
Iowa Med Soc

City

Algona

State

IA

Zip Code

50511-3448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRINITY HEALTH HEADQUARTERS

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 30 / 2014

**Transaction ID : 57946411**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Glenn Stephen Shear MD**

Mailing Address 33 Upper Riverdale Rd SW  
Ste 114

City

Riverdale

State

GA

Zip Code

30274-2642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 30 / 2014

**Transaction ID : 57946412**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Nathan Punwani**

Mailing Address 17 Royal Saint George Rd

City State Zip Code  
Newport Beach CA 92660-5218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Medical Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2014

Transaction ID : 57946475

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Gary Leslie Stanton MD**

Mailing Address 131 Ornac  
Ste 600

City State Zip Code  
Concord MA 01742-4191

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2014

Transaction ID : 57954191

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

## **C. Alan Eli Lichtin MD**

Mailing Address 9500 Euclid Ave  
Desk R-35

City State Zip Code  
Cleveland OH 44195-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2014

Transaction ID : 57954192

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

950.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Alexander B Kenton MD**

Mailing Address 55 Westelm Cir

City

San Antonio

State

TX

Zip Code

78230-2641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 31 / 2014

Transaction ID : 57954193

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Theresa Rohr-Kirchgraber MD**

Mailing Address 6325 Lawrence Dr

City

Indianapolis

State

IN

Zip Code

46226-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 31 / 2014

Transaction ID : 57954194

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Alan Frank Frigy MD**

Mailing Address 2163 W Ravina Park Rd

City

Decatur

State

IL

Zip Code

62526-3067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KMB SERVICE CORP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 31 / 2014

Transaction ID : 57954195

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. J James Rohack MD**

Mailing Address 2401 S 31st St

Scott & White MS-20-D600A

City

Temple

State

TX

Zip Code

76508-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCOTT & WHITE HOSPITAL

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 31 / 2014

Transaction ID : 57954196

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Vidya Sagar Kora MD**

Mailing Address 105 Woodside Dr

City

Michigan City

State

IN

Zip Code

46360-7162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FRANKLIN CLINIC PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

01 / 31 / 2014

Transaction ID : 57954197

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Glen Edward Holley MD**

Mailing Address 13601 Preston Rd Ste 900W

City

Dallas

State

TX

Zip Code

75240-4908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PINNACLE ANESTHESIA CONSULTANTS

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 31 / 2014

Transaction ID : 57954256

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. John Nonda Katopodis MD**

Mailing Address 1300 Medical Dr

Southern Med Grp

City

Tallahassee

State

FL

Zip Code

32308-4646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTHERN MEDICAL GROUP PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2014

Transaction ID : 57954257

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Suzanne Marie Allen MD**

Mailing Address 2889 S Swallowtail Ln

City

Boise

State

ID

Zip Code

83706-6139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FAMILY PRACTICE RESIDENCY OF IDAHO  
INC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2014

Transaction ID : 57954258

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

85956.59

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. AMA Political Education Fund**

Mailing Address 25 Massachusetts Avenue, NW  
Suite 600

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : 57954831**

Amount of Each Receipt this Period

1500.00

Bank error-funds erroneously transferred into incorrect  
account-bank reversed 2/4/2014

Full Name (Last, First, Middle Initial)

## **B. PNC ADVISORS**

Mailing Address PO BOX 96211

City State Zip Code  
Washington DC 20090

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2014

**Transaction ID : 57956050**

Amount of Each Receipt this Period

13.04

Interest

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1513.04

1513.04

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FIRST NATIONAL MERCHANT SOLUTIONS**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01    |   | 31    |   | 2014        |

Mailing Address 1620 DODGE STREET STOP 3254

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| OMAHA | NE    | 68197    |

**Transaction ID : 57956052**Purpose of Disbursement  
Credit Card Bank Charges

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1373.78

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |
| State:         | District:                          |

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Credit Card Bank Charges

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       |   |       |   |             |

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|      |       |          |

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |
| State:         | District:                          |

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       |   |       |   |             |

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|      |       |          |

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |
| State:         | District:                          |

|                   |  |                                  |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
|                   | <input type="checkbox"/> Other (specify) ▼ |                                  |

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1373.78

1373.78